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## DECLARATION (37 CFR 1 63) FOR UTILITY OR DESIGN APPLICATION USING AN

AFFEIDATION DATA SHEET (37 CFR 1.76)		
Title of invention	Neck	tie Ornament Holder
	ed inventor(s), I/we	declare that:
This declaration is	•	
	The attache	d application, or No, filed on
	Application	No, filed on
	C 68 ame	ided on(if applicable);
I/we believe that I/N which a patent is s	we am/are the origi	nal and first inventor(s) of the subject matter which is claimed and for
If we have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above;		
I/we acknowledge the duty to disclose to the United States Patent and Tredemark Office all Information known to me/us to be material to patentability as defined in 37 CFR 1.56, Including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.		
All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.		
FULL NAME OF IN	VENTOR(S)	
Inventor one:	Ford K	Dotterer
Signature:	220	Citizen of: U.S
Inventor two:		
Signature:		Citizen of:
Inventor three:		
Signature:		Citizen of:
Inventor four:		
Signature:		Citizen of:
Additional inventors	s are being named on	addificpfili form(s) attached hereto.
	remocrate of Material (1971)	equired by 35 U.S.C. 116 ent.67 CFR 1.63. The information is used by the politic to file (and the USPTO 35 U.S.C. 122 and 37 CFR .14. This form is estimated to take 1 minute to complete. This time will very

nation Officer, U.S. Patent and Trademark Office, Washington, DC 20231, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: sent Commissioner for Patients, Washington, DC 20231.